Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 UBMIT: <u>COMPLETED</u> APPLICATION, TAX

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Slamp (Received)

Date Stamp (Received)

HAY 03 2013

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| | id: | | |
| * | #75 5·3·13 | 5-13-13 | /3.0070) |

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Bayfield Co. Zoning Dept

| Property Continue | | _ | × | ^ | | | | ain) | Other: (explain) | | |
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| OF PERMIT REQUESTED—* IZ LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. COTHER Mailing Address: City/State/Zip: Contractor Phone: Plumber: Agent Mailing Address (include City/State/Zip): Written Authorizat Agent: (Person Signing Application on béhalf of Owner(s)) Agent Phone: Control Legal Description: (Use Tax Statement) O4- 622-2-47-07-87-429 Volume Page(s) Volume Page(s) Plum of: City/State/Zip): Acreage Section 1- Township 47 N, Range SE SE Zij Town of: City/State/Zip): Acreage Control City/State/Zip): City/State/Zip) | Are Wetlands Present? | | Is Prop Floodpla | feet | | Distance Stri | escontinue —> | Floodplain? If yo | /Land within : dward side of | reek or Lan | <u>1</u> - - |
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(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

eed All Owners must sign of letter(s) of authorization

must accompany this application)

O.

N

D

Authorized Agent:

Address to send permit

2000 2000

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708 .

Date

Attach

Copy of Tax Statement
sed the property send your Recorded Deed

Owner(s): ______(If there are Multiple

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|-------------------------|---|--|--------------------------------|---|--|---|--|---|--|---|-------------------------------|---|-------------|--|--------------------|---|---|-------------------------------|---|
| Signature of Inspector: | Inspection Record: (No POSET) STRUCTURE INSPECTION OF THE SET BLOCK INSPECTIONS TOWN, Committee or Board Conditions Attached? | Was Parcel Legally Created sed Building Site Delineated | □ Yes ase #: | Permit #: 13-0076 Is Parcel a Sub-Standard Lot | Issuance Information (County Use Only) Permit Denied (Date): | (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. | oner previously surveyer curiet or financio by a licensets surveyor at the twiter's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet marked by a licensed surveyor at the owner's expense. | Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the minimum the property of the minimum training the property of the minimum training to the property of the minimum training to the property of the minimum training to the property of the minimum training t | Setback to Septic Tank or Holding Tank | Setback from the West Lot Line Setback from the East Lot Line | thack from the South Lot line | Setback from the Centerline of Platted Road Setback from the Established Right-of-Way | | Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point) | | | | | (1): Sh (2): Sh (3): Sh (4): Sh (5): Sh (6): Sh (6): Sh (7): Sh (8): S |
| | | | | (Peed of Record) (Fused/Contiguous Lot(s)) | | • Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Ta NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Unit The local Town, Village, City, State or Federal agencies may also require permits. | veryor at the towner's expense. nan ten (10) feet but less than thirl yed corner, or verifiable by the De | en (10) feet of the minimum requests the numeric expresses. | ス/ <u>ネ</u> | 200 | 1.12% | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Measurement | (prior to continuing) red to the closest point) | 0 | | | eresjonlergamen fra ns | DW Location of: North (N) on Plot Plan Nu Location of (*): North (N) on Plot Plan Nu Location of (*): North (N) on Plot Plan Nu Location of (*): All Existing Structures on your Property Nu: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and Sum any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Nu any (*): (*) Wetlands; or (*) Slopes over 20% |
| | Sarah 🖳 kada kada 🐠 | | Ď No | No ON S | mber: Denial: | onstruction (1) Year fror welling: ALL ity, State or | ty (30) feet from | Feet Feet ired setback, th | Feet | Feet | Feet | Feet | ment | | 1000 | - S - S - S - S - S - S - S - S - S - S | | 0 2 | ontage Roa on your Pro on your Pro Tank (ST); tream/Cre pes over 2 |
| | BY CINAR | Were Property Li | Previously Granted ☐ Yes ☐ No | -13 Mitigation Required | | n the Date of Issuance Municipalities Are Re Federal agencies may | the minimum required setb | e boundary line from which the setback | Setback to Well | Setback from 20% Slope Elevation of Floodplain | Setback from W | Setback from the Lake (ordinary high-v Setback from the River, Stream, Creek | | G | | A PROPERTY OF THE PROPERTY OF | 5 | menenatio-an | ad (Name Frontage R perty (*) Drain Field (DF); (ek; or (*) Pond |
| | Affekw tached.) | nes Represe Was Pro | y Variance | □ Yes | # of bedrooms: | ain field (D if Construc quired To Er also require | n a known corn | ne setback must | | % Slope Area | etland | e Lake (ord e River, Str | Description | anges in pl | | | | | oad) |
| | 7 | Represented by Owner Was Property Surveyed | (B.O.A.) | S No | oms: | E) Holding tion or Use aforce The Use permits. | ry line from wher within 500 fe | must be measured n | | ea | | inary high- eam, Creek | otion | ans must be | | | | | Tank (HT) |
| Date of Approval: | Zoning District (F) Lakes Classification (N) Date of Re-Inspection: | vner Ves | Case #: | Affidavit Required | Sanitary Date: | Iding Tank (HT), Privy (P), a Use has not begun. The Uniform Dwelling Code. iits. | eet of the proposed site of the structure, or must be | must be visible from one previo | | | | water mark) | | Changes in plans must be approved by the Planning & Zoning Dept. | | | | | and/or (*) Privy (P) |
| -7%: | ion (アメ ection: | | | □ Yes | | and Well (V | red must be vis | usly surveyed corner to the | | | | | Weasurement | ning & Zoni | estata (esteret)). | | | / | |
| | | ONO | 7 | N N | |). | ible from | orner to the | Feet | Feet | Feet cc | Feet | lent | ng Dept. | | | | | ` |

SUBMIT: COMPLETED APPI STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 00

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stump (Received)

줥 08 2013

Refund: Amount Paid: THE PARTY OF 25-14-13 AS OF COLORS 30%

| Secretarial Staff FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES | MAY 1 4 203 | Hec a for issuance | Doo'd for legisono | | ☐ Municipal Use | | | | Commercial Use | | | Z Veginelities 636 | Decidential like | | | Proposed Use | | Proposed Construction: | Existing Structure: (if per | | Prop | □Run | 0,000 | 13 | U New | material | Value at Time of Completion * Include donated time & (what a | Mon-Shoreland | ☐ Shoreland → ☐ Is Pr | | | Section 19 , To | 5 10, NB | JUANION | | Audionzed agents (repositions) | Authorized Agent: (Person Signing Application on behalf of Owner(s)) | | Address of Front S | 100 82/20 July | owner's Name: | TYPE OF PERMIT REQUESTED→ | DO NOT START CONSTRUCTION ON IL ALL FENWING TOWN DELIN TOWN |
|---|---|--|--------------------|--|--------------------|-------------------------------|---------------------------------|--|----------------------|------------------------------|-------------|-------------------------------|------------------|------------------------------------|--|---------------------|--------------------|------------------------|---|--------|----------------|-----------------------|--------------------------|----------------|-----------------|----------------|--|---|--|-----------------------|--|--------------------|-----------|--------------|--|--|--|--------------------------|--|----------------|---------------|---------------------------|---|
| FAILURE TO | ☐ Conditional Us | Special Use: (explain) | | ☐ Accessory | _ | \dashv | 4 | Bunkhous | | | | | | Residence | - | * | | | (if permit being applied for is relevant to it) | | <u> </u> | _ | Relocate (existing bldg) | teration | + | | Project (What are you applying for) | | Is Property/Land within 1000 feet of Lake, | or Landward side of F | operty/Land within 3 | , Township 47 N, R | 1/4 | Gov't Lot | Legal Description: (Use Tax Statement) | o de la companya de l | ng Application on behalf of (| | かった | In Andresson | 1 | D→ Z LAND USE | |
| OBTAIN A PERMIT OF STAF | Conditional Use: (explain) | e: (explain) | | Accessory Building Addition/Alteration (specify) | Building (specify) | Addition/Alteration (specify) | Mobile Home (manufactured date) | Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or | with Attached Garage | with (2 nd) Deck | with a Deck | with (2 nd) Porch | with a Porch | (i.e. cabin, nunting strack, etc.) | Principal Structure (first structure on property) | | D | | | K JUND |) Tour | ☐ No Basement | Basement | + 1011 | 1-Story + 1 off | 1-Story | # of Stories and/or basement | | 000 feet of Lake, Pond If yes | loodplain? If yes | s Property/Land within 300 feet of River, Stream (ind. Intermittent) | N, Range W | | Lot(s) CSM | PIN: (23 | | Owner(s)) Agent Phone: | Contract | 30 20 20 20 20 20 20 20 20 20 20 20 20 20 | On 40-60% | | □ SAN | |
| RTING CONSTRUCTION W | 111111111111111111111111111111111111111 | LANCE CONTRACTOR OF THE PARTY O | | Alteration (specify) | | | te) 7 0 1 | sleeping quarters, o | age | | | | | Ilduk, etc.) | ure on property) | - oposed out a comp | Proposed Structure | Length: | Length: | | | | | i del riconito | Year Round | □ Seasonal □ | Use | A TANKS OF THE PARTY OF THE PAR | | ╁ | | HuGHE | | Vol & Page | 2 | | | Contractor Phone: Plumbe | Te wat | e/Zip: | . SS | IWY □ | |
| ITHOUT A PERMIT W | 144 | , | | The state of the s | | | 1444 | □ cooking & food prep facilities) | | | | | | | and the second s | | | Wi | Wi | | ם כ | None | | ω ' ∰ | 2 | □ 1 □ | # of bedrooms | | Distance Structure | | Distance Structure | tes | | Lot(s) No. | 15/1×4/ccc | | Agent Mailing Address (| The Market | | | City/State/ | CONDITIONAL USE | 55000000000000000000000000000000000000 |
| /ILL RESULT IN PENAL ige and belief it is true, o | | | | Lute. | | | | d prep facilities) | | | | | | | | | | Width: | Width: | NO | Compost Tollet | ☐ Portable (w/service | Privy (Pit) or | | - | Municipal/City | What T Sewer/Sani Is on the | 101 1-002 1-0 | is from Shorelin | | is from Shoreline | | I of Sire | ck(s) No. | למנומם - | | (include City/State/Zip): | 1867 | | | | SPECIAL USE | 1 |
| ALTIES correct and complete. I (we) acknowledge that I (we) | | | × | × | | : × | 64 | × | | | (x) | (×) | (×) | (×) | × ? | × | Dimensions | певи | Height: | | | ice contract) | Vaulted (min | | Specify Type: | | at Type of anitary System ne property? | | # | Floodplain Zone? | | | | Subdivision: | 1093 | Attached | | Plumb | 7/5 | e - | 17/22/17 | B.O.A. | |
| acknowledge that I (we | | | | | | | 2hx | | | | | | | | | Toolege | Square | | | | | | gallon) | Щ | ≥ Well | ☐ City | Water | | No | e? Present? | ≱ | 40 | eage | | Page(s) 104 | No No | n Authorization | 972-456 | 15-209-808 | one: | Gir. | DIHEK | HETT |

Owner(s): (If there are Multiple

Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

15.2013

Authorized Agent:

Address to send permit

Q 0

Mascrey

Anderson

68185

20

way

B

Attach
Copy of Tax Statement
roperty send your Recorded Deed

Date

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

74347

behalf of the owner(s) a letter of authorization

| Signature of Inspector: | Condition(s): Town, Committe | Inspection Record: (N-1059) WELLEY CHEMINAS BY CHARLEST WI APPLICABLE SCHELCY: \$ Thate of inspection with the common state of the control o | Granted by Variance (B.U.A.) Case #: Was Prinosed Building Site Delineated Was Prinosed Building Site Delineated | | Issuance Information (County Use Only) Permit Denied (Date): | (9) Stake or W NC For The Co | Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting Prior to the placement or construction of a structure with other previously surveyed corner or marked by a license Prior to the placement or construction of a structure moone previously surveyed corner to the other previousl | Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line | Description Setback from the Centerline of Platted Road Setback from the Established Right-of-Way | Please complete (1) – (7) a (8) Setbacks: (1) | | (3) Show Location of: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): |
|-------------------------|-------------------------------|---|---|--|--|---|--|---|---|--|---------------|--|
| Hold For TBA: | or Board Conditions Attached? | 5 | Case #: V Created | ot Tyes (Deed of Record) ip Tyes (Fused/Contiguous Lot(s)) Tyes Tyes | ounty Use Only) Sanitary Reason | Nark Proposed Location(s) of Neverthern New York Proposed Location(s) of New One & Two Family Instruction Of New One & Two Family | Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting) Setback to Privy (Portable, Composting) Finor to the placement or construction of a structure within ten (10) feet of the minimum required other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (3 one previously surveyed corner to the other previously surveyed corner, or verifiable by the Depar marked by a licensed surveyor at the owner's expense. | 0 0 17 | | complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point) | | of: |
| Hold For Affidavit: | No they need to be | RE REPRESENTED BY OWNER. BEAUT MY BE (SSUPP) Inspected by: OR: | ☐ Yes X No Were Property | Date: 5:14 | Sanitary Number: 32734 Reason for Denial: | Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. | Setback to Septic Tank or Holding Tank Teet Setback to Drain Field Teet Setback to Drain Field Teet Setback to Privy (Portable, Composting) Setback to Privy (Porta | Feet Feet | Feet | | the Hachmen t | Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20% |
| Hold For Fees: | attached.) | Z | Case by Owner Surveyed | □ Yes XNo □ Yes XNo □ Yes XNo | # of bedpooms: San | rain field (DF), Holding Tank (HT et al., 1975) The if Construction or Use has not be equired To Enforce The Uniform Drain require normits. | Setback to Well boundary line from which the setback must be measured must be visible boundary line from which the setback, the boundary line from which the setbac of a corrected compass from a known corner within 500 feet of the prof | /etland 0% Slope Area odplain | Setback from the Lake (ordinary high-water mar Setback from the River, Stream, Creek Setback from the Bank or Bluff | Changes in plans must be approved by the Planning & Zoning Dept. | | olding Tank (HT) and/or (*) |
| Date()/Approx-10-13 | | Zoning District (—) Lakes Classification () Date of Re-Inspection: | # DNO | Affidavit Required ☐ Yes KNo Affidavit Attached ☐ Yes X2No | Sanjtary Date: | <u>T), Privy (P)</u> , and <u>Well (</u> W). egun. welling Code. | ple from one previously surveyed corner to the ack must be measured must be visible from opposed site of the structure, or must be | 3 | ark) Feet Feet | by the Planning & Zoning Dept. | | Privy (P) |

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EALTH OPE CHART LOCALDY TOCKHORY

ar operations

30.00

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

oning Days

| IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL: | Approved | VIII. COUNTY DEPARTMENT USE ONLY | Plumber's / Owner's Name: A / (an Pe / Le) | VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached | Lift Pump Tank / Siphon Chamber - | Septic Tank o r Holding Tank | VI. TANK INFORMATION: | 1. Gallons Per Day リタロ | Portable Privy (Temporary Use V. ABSORPTION SYSTEM INFORMATION: | C) | IV. TYPE OF NO | в) 🖾 , | : 🔀 | A) 🔲 1 | M JARO SART III | State Owned Public (Explai | II. TYPE OF BUILDING: (Check One) | City, State | Box 5 | ble460 w | Address of Property | √,_y ⊘wi | I. APPLICATION INFORMATION (Please Print All Information) | |
|---|---|----------------------------------|---|---|--------------------------------------|--|-------------------------------|--|--|------------------|--|--|---|--|---|---|-----------------------------------|---------------------|-----------------|-----------|---------------------|-------------|---|-------------|
| S OF APPRO | Disapproved Owner Given Initial Adverse Determina | DEPARIMENT U | er's Name: (Print) | BILITY STAT | Hiphon | | Capacity In Gallons New Tanks | 2. Absorp. Area Required (Sq.Ft.) 375 | Portable Privy | Pit Privy |)N-PLUMBI | A Sanitary Perr | Reconnection | New | RMIT: (Chec | State Owned Public (Explain the use/purpose Tor 2 Family Dwelling - No. of Redrooms | ILDING: (C) | - American | Z (g 4 | 15.7 | operty +D | Name | N INFORMA Il Information) | |
| VAL/REASC | Disapproved Owner Given Initial Adverse Determination | IN State, Alp Code) | , (i) | EMENT: sibility for insta | - | | Ex Tai | ea 3. Absor | (Temporary Use Only) | ☐ Vau | G SYSTEM: | A Sanitary Permit was previously issued. | 2. 🔲 Repair | ☐ Repl | TYPE OF PERMIT: (Check only one box on line A | of Bedrooms | leck One) | Zip Code | SS | Beule, | BUSOK | 3 | NOIT | |
| ONS FOR DIS | Sanitary Permit/Transfer Fee: | CARAS IM | Plun | llation of the o | | 1000 | Total # of Gallons Tanks | rp. posed 389 | Jse Only) N: | Vault Privy (Vau | (Check One) | | air 3. | - 1 | | 2 | 107 | Phone Number | | 3 | | | | |
| APPROVAU: | Transfer Fee: | 47 715 3 | Plumber's / Owner | nsite sewage sy | | W.eser | Manufacturer's Name | 4. Loading Rate (Gals. / Day / Sq.Ft.) | Composting Toilets | (Vault size:gal | OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number | Previous Permit Number: 36 | Revision | County Private Interceptor | Check box on line B, if applicable | Farcel ID Tax Number(s): | . X |) | lownship H W | 7 2 | Property Location: | County: | Soil Test No: | |
| | Date Issued: 5-14-13 | 72-41 | Owner's Signature: (No Stamps) | stem shown on | | 7 | "s Prefab. Concrete | 5. Perc. (Min. | ng Toilets | gallons orcu | need previous | 1/2 | ** 🔲 Tran | e Interceptor | B, if applicable | er(s): 02Z | | | altes | NE 14,8) | ocation: | | | |
| | | 26 21 | No Stamps) | the attached | | | Site Constructed | <u>a</u> | Incinerati | cubic yards) | permit numb | 37/Date Issu | Transfer of Owner (List Previous Owner below) | S. D. L. C. | | -/05 | | Block #: | Gov. | 7 T 47 | | Ray | County Permit No: | |
| | Secut's Sig | iness Pho | 22 € 5 9 0 | plans. | | | | System Elev.(Feet) | ating Toilet | | | sued: | r (List Previo | | | 20 | 5 | Sı | Lot #: | N, R | 1 | 1 | رة ا | Lakes |
| | gent's Signature / Date: | 7 | SW No: | | | | -P | 7. Final Grade Elev. (Feet) | | | and date filled out above | -18- | us Owner bel | THE STATE OF THE S | | | CSM #: | Subdivision Name or | | H | | 4 | 878 | Lakes Class |
| | e: | 156 | | | | | Exper. App. | Grade Feet) | | |)ove | 00 | low) | | | | | Vame or | | (or(W) | | | | |

Septic MARS # SECONO Polkoski P.O. Baxs -1055-01 Bio-Diffus Out let delue & es } Plumbing Standard 14 thigh leaching Chamber are in compliance with Comm 82-89. chamber specs *= Box 1 = 40 unless noted! *= Box 1 v RP= Election.o. Chamber Specs, 34" Width - 75" Length - 14" Helpat-que the course system Elevi 93.0 3 Bed Rm Residence and 1"sch 40 inspection opening - 6"A.F.G. 50R 35 me. Ę Detail- Typics | 2 f #66460 aio Diffusers-stan septic 104" L-86"W. and 7

Marvin Gaylard Anderson button wills Rd Brule, will St820

Legal Description:
SE TRET SECIATHON R9W
Town of Hughes
R. Noll Co

